### FURNISHED TO APPLICANT

- 1. Licensing law for Professional Land surveyors: Title 32, Chapter 121.
- 2. Licensing rules for Professional Land Surveyors
- 4. Application for Land Surveyor-In-Training licensure
- 5. Application Guide for Licensure as a Land Surveyor-In-Training
- 6. Application for Examination Form
- 8. Verification of Experience Form. Applicant may make photocopies, if more are needed.

### **EXPECTED FROM APPLICANT**

- Section 13905(1)(A) College graduate with Baccalaureate degree and core curriculum. Application form, Examination Request Form, and Transcripts from educational institution.
- Section 13905(1)(B) College graduate with Associates degree. Application form, Examination Request Form, Transcripts from educational institution, and Verification of Employment Forms.
- Section 13905(1)(C) Core curriculum and 6 years experience. Application form, Examination Request Form, Transcripts from educational institution, and Verification of Employment Forms.
- Section 13905(1)(D) 7 years experience. Application form, Examination Request Form, Transcripts from educational institution, and Verification of Employment Forms.
- Section 13905(1)(E) Endorsement/licensed Land Surveyor-In-Training in another jurisdiction. Application form and Verification of Licensure.

<u>NOTE</u>: The above are the absolute minimum. The applicant must carefully read both the guide and the application form to determine whether other supplementary information should also be provided.

### **APPLICATIONS**

Applications are legal documents and must be notarized.

Your application must be typewritten or printed in ink. If you need additional space, attach 8 1/2" x 11" sheets. Put your name at the top of the front page of each attachment sheet, and indicate the exact part of the application to which the sheet pertains.

Your application must be complete, with every pertinent question fully answered, all necessary attachments submitted, all fees paid and all supplementary documents received by the Board Clerk.

Incomplete applications will be kept by the Board for six months. If you do not supply any missing information within that period, the application will be discarded.

### **APPLICATION FEE**

- A check or money order in the amount of \$50.00 must accompany your application. These are application fees only; separate fees are charged for the examination and the license.
- A separate check or money order in the amount of \$15.00 must also accompany your application for purposes of the criminal history background verification.
- ✓ All fees for whatever purpose charged, are <u>non-refundable</u>.
- All checks and money orders must be made out to the <u>Treasurer</u>, <u>State of Maine</u>.

### **QUALIFICATIONS**

### **GENERAL:**

To become licensed as a Land Surveyor-In-Training you must:

- Submit to the Board an "Application for Licensure--Land Surveyor-In-Training" together with any supplemental documents needed for the specific section of the licensing law under which you are applying; and,
- Submit to the Board and "Application for Examination--Land Surveyor-In-Training" and pass an 8-hour examination in the "Fundamentals of Land Surveying"; and,
- ☑ Pay all required fees.

<u>NOTE:</u> You do not have to apply for licensure before taking the examination. However, you must complete all education and/or experience requirements and submit a complete application within 48 months of passing the examination. If you do not meet all the qualification requirements within that 48-month period, then you must re-take the examination or submit a new application--whichever action was taken first.

### **EDUCATION & EXPERIENCE**

To be licensed as a Maine Land Surveyor-In-Training, you must complete the requirements of one of the four categories listed below:

PATH	SECTION OF LAW	EDUCATION	EXPERIENCE
1	13905 (A)	4 YEAR DEGREE CORE CURRICULUM EXAM	NONE
2	13905 (B)	2 YEAR DEGREE CORE CURRICULUM EXAM	TWO YEARS
3	13905 (C)	CORE CURRICULUM EXAM	SIX YEARS
4	13905 (D)	EXAM	SEVEN YEARS

All applicants must pass the NCEES examination on "Fundamentals of Land Surveying" which is described below. If you now hold a Non-Maine license and wish to become licensed in Maine, you must demonstrate to the Board that you can meet the requirements of one of the above four categories.

### **CORE CURRICULUM:**

The Board requires the successful completion of 33 credit hours of college-level courses in the subject areas listed below. Some flexibility is allowed, but it is up to you to satisfy the Board that you have met the requirements.

CREDIT HOURS	SUBJECT AREA
3	SURVEYING
3	ADVANCED SURVEYING
3	BOUNDARY LAW
3	ENGLISH COMPOSITION
6	MATHEMATICS: ADVANCED ALGEBRA, ANALYTICAL TRIGONOMETRY OR GEOMETRY, DIFFERENTIAL OR INTEGRAL CALCULUS, SPHERICAL TRIGONOMETRY, OR STATISTICAL ANALYSIS
3	ADVANCED COMMUNICATION: CREATIVE OR TECHNICAL WRITING OR SPEECH
3	BUSINESS AND LAW: LEGAL PRINCIPLES, ACCOUNTING, CONTRACTS, BUSINESS LAW, BUSINESS ADMINISTRATION, OR PROFESSIONAL ETHICS
6	SCIENCE: CHEMISTRY, PHYSICS, BIOLOGY, GEOLOGY, BOTANY, ASTRONOMY, SOILS, DENDROLOGY, OR ECOLOGY
3	COMPUTER USAGE: COMPUTER SCIENCE OR PROGRAMMING, OR COMPUTER ASSISTED DRAFTING

### **EXPERIENCE**

A description of experience satisfactory to the Board also appears in Chapter 50 of the current Rules.

Your land surveying experience should become increasingly more complex and encompass all facets of the work, including research, field work of all types, plan development, the writing of deed descriptions and reports, and time spent as a party chief.

Report any part-time work in terms of the actual amount of time spent.

## WHEN FILLING OUT THE EXPERIENCE SECTION OF YOUR APPLICATION, PLEASE FOLLOW THESE GUIDELINES:

### A. KEY NUMBER

Fill out the Employment Experience Summary first, then the experience detail pages of the application form. The same key number or numbers, dates, employers, etc., should be used in both areas. Each key number should refer to a work period and not to a client engagement. A work period is usually work done for one employer.

### B. VERIFICATION OF EXPERIENCE FORM

Fill out a separate Verification of Experience Form for each employer you have listed and send it to that employer for confirmation and transmittal to the Board. Use the same key numbers on these forms.

### C. DATES OF EMPLOYMENT

Dates of employment are the total time of each engagement, regardless of the type of work.

### D. TIME IN LAND SURVEYING

Time in land surveying is that portion of each <u>Dates of Employment</u> entry that was involved in land survey time as defined in the licensing law.

#### **EXAMINATION**

### A. EXAMINATION DATES

The examinations are held in April and October.

### **B. EXAMINATION FEES**

The examination fee is \$75.00. Checks should be made payable to "Treasurer State of Maine."

### C. NATURE OF EXAMINATION

This is an 8-hour examination on the "Fundamentals of Land Surveying". The exam is prepared and scored by the National Council of Examiners for Engineering and Surveying. The morning session is 'closed book' and consists of multiple choice questions. The afternoon session is 'closed book' and consists of problems.

No copies of examinations may be kept by the examinee, and none will be furnished for study. Battery-powered, non-printing, silent calculators may be used. Electronic devices with "QWERTY" key pads may **not** be used.

### D. <u>INSTRUCTIONAL MATERIALS</u>

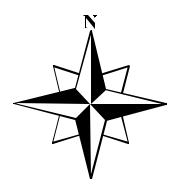
NCEES publishes a "Professional Land Surveyors Candidate Handbook" which explains the exam in more detail and provides sample questions. An order form accompanies your application forms. **NOTE**: Purchase of the handbook is not required by this Board. Information about it is provided as a service to applicants.

### I. EXAM RESULTS

Exam scores are usually available about 2 months after the exam date although the exact time frame can vary. The Board clerk will mail out the score results to candidates as soon as <u>all</u> scores have been received.

### J. REQUEST FOR RE-EXAMINATION

If you fail an examination and wish to be scheduled for re-examination, you must submit a new exam request and fee. A re-examination request form and fee must be received by the Board by September 1<sup>st</sup> for the October exam and March 1<sup>st</sup> for the April exam.



# STATE OF MAINE BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS

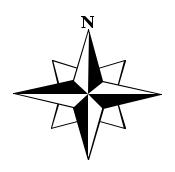
35 STATE HOUSE STATION AUGUSTA, ME 04333-0035 TELEPHONE (207) 624-8522 FAX (207) 624-8637

DATE RECEIVED

### **REQUEST FOR EXAMINATION**

TYPE C	OF LICENSING E	XAM - CHECI	K ONE ✓ EXA	AM ADMINISTRA	TION DA	TE - CHEC	CK ONE 🗸	
	PROFESSIONA \$150.00 Examina					April		October
	LAND SURVEYO \$75.00 Examinar					April		October
available (other the considere	to any person upor an your social secur	request. Your a	application for lice blic information. C	nsure is a public rec Other licensing record	ord and in s to which	formation that this information	you supply as on may later be	records must be made part of the application transferred will also be the public and may be
Name:_								
Addres	s:							
City:				State:		Zip Co	de:	
Home 1	Telephone: (	)		Work	Telepho	one: (	)	
I autho	S PAYABLE TO Orize the State sing and Regis	of Maine, De	**ALL FEES epartment of	ARE NON-REFU Professional	NDABLE and Fin	**	OUR CREDIT gulation, O ] Visa	
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Card r	number					Expirati	on Date: _	
In the	amount of: \$	SIGNATU	RE:				Date:/	'J

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# STATE OF MAINE BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS

35 STATE HOUSE STATION AUGUSTA, ME 04333-0035 (207) 624-8603 FAX (207) 624-8637 DATE RECEIVED

4280-1446-\$50.00 ALL FEES ARE NON-REFUNDABLE

### LAND SURVEYOR-IN-TRAINING LICENSE APPLICATION

Qualifying by (check one)			
<ul> <li>2. SEC. 13905.(1),(B) - Coll</li> <li>3. SEC. 13905.(1),(C) - Cor</li> <li>4. SEC. 13905.(1),(D) - Sevential</li> </ul>	lege graduate/Associate Degree wi mpleted a minimum surveying core en years experience in surveying; w	e with core curriculum; written exam. th core curriculum; 2 years surveying experienc curriculum; 6 years surveying experienc rritten exam. SIT in another jurisdiction under conditio	e; written exam.
forwarded to this Boa		rd from which you received your curre uired to provide the Maine Board wi license.	
NAME OF APPLICANT:			
SOCIAL SECURITY NO	//	DATE OF BIRTH:	//
Solicitation of your Social Securi Tax Reform Act of 1976 (42 U.S authorized agent for use in deteruse will be made of your Social S	ty Number is solely for tax adminis S.C. §405(C)(2)(C)(I)). Your Social rmining filing obligations and tax lia	74, §7(B). Disclosure of your Social Setration purposes, pursuant to 36 M.R.S./ I Security Number will be disclosed to the ability pursuant to Title 36 of the Maine Futed as confidential tax information pursuant.	A. §175 as authorized by the ne State Tax Assessor or an Revised Statutes. No further
STREET AND NUMBER	CITY OR TOWN	STATE	ZIP CODE
HOME TELEPHONE: (	)/В	US. TELEPHONE: ( )	_/
Have you ever been convict	ed of a crime by any court for	any offense other than a minor tra ☐ No	ffic violation?
		the date(s) and crime(s) and sub- cumstances surrounding your conv	

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

#### I. **GENERAL INFORMATION** Yes ☐ No 1. Are you registered or licensed as a Land Surveyor-In-Training in any other state(s)? If yes, please give registration or license number (s) Expire Date \_\_\_\_\_ State \_\_\_\_ Date issued \_\_\_\_\_ Did you qualify by written examination? ☐ Yes ☐ No 2. If yes, state place, date and length of examination: ☐ Yes Was it an NCEES examination? ☐ No Has your registration or license ever been denied, revoked or suspended for any reason in any other state, country or 3. ☐ Yes other licensing jurisdiction? ☐ No 4. Have you ever surrendered your license or been found guilty of professional misconduct, unprofessional misconduct, ☐ Yes ☐ No incompetence or negligence in any other state or country? Are charges pending against you for professional misconduct, unprofessional misconduct, incompetence or negligence 5. ☐ Yes ☐ No in any other state or country? II. **EDUCATION** Please have transcripts sent directly from the educational institutions to this board. Institution and Location No. of Years **Entrance Date Leaving Date** Diploma or Attended Degree Obtained

### III. EMPLOYMENT EXPERIENCE SUMMARY-- PLEASE LIST MOST RECENT WORK FIRST.

WORK UNDER LICENSED SURVEYOR	TITLE OR POSITION	NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT		TIME IN LAND SURVEYING	
KEY 1			FROM MO/YR	TO MO/YR	YEARS	MONTHS
KEY 2			FROM MO/YR	TO MO/YR	YEARS	ONTHS
KEY 3			FROM MO/YR	TO MO/YR	YEARS	MONTHS
KEY 4			FROM MO/YR	TO MO/YR	YEARS	MONTHS

### **III. EXPERIENCE SUMMARY continued....**

COMPLETE A VERIFICATION OF EXPERIENCE FORM FOR EACH "KEY" LISTED ABOVE. GIVE COMPLETE AND DETAILED INFORMATION PERTAINING TO TRAINING AND EXPERIENCE INCLUDING DATES AND LENGTHS OF TIME INVOLVED. PLEASE INCLUDE DETAILS OF TYPE AND SCOPE OF LAND SURVEYING. YOU MAY USE PLAIN 8 1/2 x 11 INCH SHEETS AS SUPPLEMENTAL PAGES TO THE FORM IF NECESSARY. EACH PAGE SHOULD BE IDENTIFIED BY "KEY" NUMBER AND SIGNED BY THE APPLICANT **AND** THE ENDORSER.

### APPLICANT'S SWORN STATEMENT AND SIGNATURE

IT, CONTAINS NO WILLFUL
IS TRUE AND COMPLETE TO
ANSWERS MAY BE VERIFIED
ATION , THE INFORMATION
ER 121, §13909. AUTHORIZED
OF THE PRACTICE OF FRAUD
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### **NOTARY PUBLIC**

The above named	personally appeared before	
	PRINT APPLICANT'S NAME	
me and being duly sworn according to law deposes an	d says that the information above set for	th is true to the best of his/her
knowledge and belief and that this application is made	for the purpose of inducing issuance of	the license requested.
Subscribed and sworn to before me this	day of	20
Signature of Notary Public	Term	of Commission
Notary's Printed Name		

NOTARY SEAL OR STAMP

CANDIDATE:	
REVIEWING BOARD MEMBER:	

### **CORE CURRICULUM:**

The Board requires the successful completion of the college-level courses in the subject areas indicated in the chart below. Please complete the chart as you feel is applicable and authorize transmittal an official transcript from your school(s) be sent to the Board. You must complete this form in full and the Board must have received your transcripts before your application can be presented to the Board for review.

CREDIT HOURS REQUIRED	SUBJECT	SCHOOL	COURSE NAME	COURSE ID #	CREDIT HOURS EARNED
3	SURVEYING				
3	ADVANCED SURVEYING				
3	BOUNDARY LAW				
3	MATHEMATICS <sup>1</sup>				
3	MATHEMATICS <sup>1</sup>				
3	BUSINESS/LAW <sup>2</sup>				
6	SCIENCE <sup>3</sup>				
3	COMPUTER USAGE <sup>4</sup>				
3	ENGLISH COMPOSITION				
3	ADV. COMMUNICATION <sup>5</sup>				

<sup>&</sup>lt;sup>1</sup> ADVANCED ALGEBRA, ANALYTICAL TRIGONOMETRY OR GEOMETRY, DIFFERENTIAL OR INTEGRAL CALCULUS, SPHERICAL TRIGONOMETRY, OR STATISTICAL ANALYSIS

<sup>&</sup>lt;sup>2</sup> LEGAL PRINCIPLES, ACCOUNTING, CONTRACTS, BUSINESS LAW, BUSINESS ADMINISTRATION, OR PROFESSIONAL ETHICS

<sup>&</sup>lt;sup>3</sup> CHEMISTRY, PHYSICS, BIOLOGY, GEOLOGY, BOTANY, ASTRONOMY, SOILS, DENDROLOGY, ECOLOGY OR ZOOLOGY

<sup>&</sup>lt;sup>4</sup> COMPUTER SCIENCE OR PROGRAMMING, OR COMPUTER ASSISTED DRAFTING

<sup>&</sup>lt;sup>5</sup> TECHNICAL OR CREATIVE WRITING OR SPEECH



### STATE OF MAINE BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS

35 STATE HOUSE STATION AUGUSTA, ME 04333-0035 (207) 624-8522

KEY NUMBER	Ì

### **VERFICATION OF EXPERIENCE FORM**

	SECT	ION I: TO BE CO	MPLETED BY AP	PLICANT.			
INSTRUCTIONS TO APPLICANT: Complete Sections I and III, make a copy for your records, and forward this original from to your endorser. Be sure the endorser Key Number in the box at the top right corner of this form corresponds with the appropriate endorser Key Number and information on your application. NOTE: Sections I and III of this form must be typewritten or printed in ink.							
NAME:							
Las	t		First		Middle		
ADDRESS:							
Stre	et	City		State		Zip Code	
TELEPHONE: (	)	(  ) Business					
EXPERIENCE DESC	RIBED ON THE REVER	SE SIDE OF THIS FO	RM WAS OBTAII	NED WHILE EMPLO	OYED BY:		
FIRM OR ORGANIZA	TION NAME:						
ADDRESS:							
BEGINNING:	/ ENDING:	/	☐ FULL-TIN	ME PART-TIME			
Month	Year	Month Year				Hours/Week	
I hereby certify that the and accurate.	ne work experience des	cribed on the reverse	side of this form a	and the time claime	d for that expe	rience are true	
Арр	licant's Signature				Date		
SECTION II. TO BE	COMPLETED BY ENDOR	CED DECEDADIVA	OT IN THE DRESS	NCE OF ADDITIONAL	DIEASETY	DE OD DDINT	
SECTION II. TO BE	COMPLETED BY ENDOR	SER, PREFERABLI NO	JI IN THE PRESE	NCE OF APPLICANT	. PLEASE ITE	E OR PRINT.	
INSTRUCTIONS TO	ENDORSER:						
<ul> <li>✓ Provide the limit of the lim</li></ul>	Ily the applicant's Report requested information bee with any information on by the Board relative to the licant by full name and be lorser's Affidavit in Sections in the Affidavit please	elow and complete ite presented by the appli o the applicant, please Key Number in your let on IV on the back of the	ms 1-6; cant on this form, e submit a separa ter and indicate t is form and at the	or wish to provide a ate letter with this fo hat the candidate is bottom of each cor	any other informant. If you do so an applicant f	mation for co, please or land	
	URN ORIGINAL TO APP				VE ADDRESS.		
ENDORSER NAME:				_PHONE NO: (	)		
CURRENT ADDRES	S:						
	Street		City		State	Zip Code	
Are you a licensed La	nd Surveyor?   Yes	☐ No If yes, State in	which licensed:	Lio	cense #:		

### WITH RESPECT TO APPLICANT'S REPORT OF PROFESSIONAL EXPERIENCE AS DESCRIBED ON THIS FORM: ☐ Yes ☐ No 1. Does that description accurately reflect the work personally performed by the applicant? ☐ No 2. ☐ Yes Does the time claimed by the applicant for this experience reasonably reflect actual time? ☐ Yes ☐ No 3. Was the applicant's work performed in an adequate, reliable, and professional manner? ■ No 4. Are you attaching a separate letter with additional information about the applicant? ☐ Yes 5. Identify your work relationship to the applicant at the time. If none, please explain. \_\_\_\_ 6. Comments **SECTION III:** TO BE COMPLETED BY THE APPLICANT A. Describe your general surveying duties during your employment with the firm named on the front of this form. B. Describe in separate paragraphs the specific kinds of surveying work you personally performed while employed by the firm named on the front of this form. Use specific project assignments as examples. Then indicate separately the time you spent on each such kind of work. If you need more than one endorser from a single firm, use a separate form for each endorser. If you do not have enough space on this form, use one or more continuation sheets. BOTH YOU AND YOUR ENDORSER MUST SIGN EVERY SHEET. C. Describe briefly your personal level of responsibility or authority for the work described above. Explain here any changes in your title resulting from promotions or other job changes during this period of employment. SECTION IV: **ENDORSER'S AFFIDAVIT** I have read the applicant's Verification of Experience Form. I hereby certify that I am knowledgeable about and qualified to attest to, the applicant's work and land surveying ability and that, except as otherwise noted on the front side of this for, or in attached correspondence, the work experience described by the applicant and the time claimed therefore are generally true and accurate. I cannot so certify. Letter of explanation attached.

Date

Endorser's Signature\_



# STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS

### 35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035

JOHN ELIAS BALDACCI GOVERNOR

FEE: \$15

ANNE L. HEAD

(You may pay with **one** check that includes both the license fee <u>and</u> the criminal records check fee.)

### CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Complete the box below and return this form with your license application and fee payable to Treasurer, State of Maine.

### PRINT IN INK ONLY

lame:Last	First	Middle
Complete Mailing Address: Street/P O Box		
city/State/Zip		
Social Security/Federal I.D. #:		
Date of Birth:		
All other names used:		

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PRINTED ON RECYCLED PAPER
(207) 624-8563 (HEARING IMPAIRED)



### STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035 TEL: (207)624-8603 FAX: (207) 624-8637

JOHN ELIAS BALDACCI. GOVERNOR







### **AUTHORIZATION OF CREDIT CARD PAYMENT**

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

City:  County:  Name of cardhold	er:	State:	Telephone #: (	Zi	ip Code:		
City:  County:  Name of cardhold	er:	State:		Zi			
Name of cardhold			Telephone #: (	)			
II	icant)						
Mailing Address: (if other than app	icant)						
City:		State:		Zi	ip Code:		
thorize the State of gistration to charge r	ny:					of Licens	sing and
iration date:/	/ in	the amount					
nature:					Date:		